

231-77

OIL AND
HAZARDOUS SUBSTANCES
TELEPHONE POLLUTION REPORT

2/10

Pat Glicker
Person Receiving Report (Signature)

1. Person Reporting Incident:
 - a. Name: Coyne Sedron
 - b. Address: National 5 Touch & Chem
225 Blewett Ave
 - c. Telephone: 201-748-5410
2. Date and Time of Report: Bloomfield NJ
2/9/77
3. Date and Time of Spill:
2/9/77 10:00 a.m.
4. Location of Incident:
5. Water Body Affected: 2 discharges empty into flood
oil layed in stream
6. Quantity Reported Spilled:
7. Quantity Reaching Water:
8. Spill Material: fuel oil
 - a. Chemical Name:
 - b. Trade Name
 - Manufacturer:
 - a. Name:
 - b. Address:
 - c. Telephone:
9. Cause of Spill:
10. Source:
 - a. Name:
 - b. Address:
 - c. Telephone:
11. Others Notified or Currently Responding:

Metropolitan will clean up in morning.
NJSDPE notified

247151



U.S. ENVIRONMENTAL PROTECTION AGENCY
OIL AND SPECIAL MATERIALS CONTROL DIVISION

FACILITY IDENTIFICATION

(Form A)

NOTE

All non-shaded
areas must contain
an entry.

0. FOR CONTROL USE ONLY

A 1339

This form is to be completed in conjunction with other Oil and Special Materials Control Division forms or singly where no SPCC number has been assigned or an SPCC number is unknown. Enter the Locator Code. It consists of the first five alphabetic characters of the Facility Name, followed by the Zip Code for the Facility Site (for offshore facilities the Zip Code portion should be zero filled.)

1a. LOCATOR CODE AND LOCATOR ZIP

NATV007003

(ALPHABETIC) (ZIP CODE)

b. START-UP DATE

MO DAY YR

Enter this date
if it is later
than 01/10/74c. HAS THE NAME OF THE FACILITY CHANGED
WITHIN THE LAST YEAR (Yes or No)

NO

e. HAS THE LOCATION OF THE FACILITY CHANGED WITHIN LAST YEAR? (Yes or No)

NO

2. THE FOLLOWING INFORMATION IS RELATED TO THE FACILITY:

a. NAME

NATIONAL STARCH + CHEMICAL

b. TYPE IS ANY PART OF THE FACILITY
NON-TRANSPORTATION RELATED?
(Yes or No)

YES

c. STATE

NJ

d. COUNTY

e. CITY

GEOGRAPHIC LOCATION

f. LATITUDE

DEG MIN SEC

g. LONGITUDE

DEG MIN SEC W

h. SURVEY DESCRIPTION

3. THE FOLLOWING INFORMATION IS RELATED TO THE OWNER/OPERATOR

a. NAME

NATIONAL STARCH + CHEMICAL

b. MAILING ADDRESS (Street)

225 DELLVILLE AVENUE

c. CITY

BLOOMFIELD

d. STATE

NJ

e. ZIP

07003

f. TELEPHONE

- - - - -

4. THE FOLLOWING ARE DIRECTIONS TO FACILITY SITE (Optional - 25 words or less)